



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Inpatient Psychiatric Services Providers Participating in the  
Virginia Medical Assistance Program and Managed Care  
Organizations providing services to Virginia Medicaid  
Recipients

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

**MEMO** Special

**DATE** 05/26/2006

**SUBJECT:** Changes to the Preauthorization of Inpatient Psychiatric Services and  
and changes to the *Psychiatric Services Manual*: Effective June 12, 2006

The purpose of this memorandum is to provide information regarding changes to the pre-authorization (PA) process for Inpatient Psychiatric Services and to provide an explanation of the resulting updates to the Psychiatric Services Manual. In addition, several other changes are being made to bring the Manual up to date. Effective June 12, 2006, KePRO, DMAS' new PA Contractor, will accept PA requests for Inpatient Psychiatric Services. These changes in the prior authorization process do not apply to drugs on the Preferred Drug List (PDL), Medicaid contracted managed care organizations, dental services, transportation, MR & Day Support Waivers. These services will continue through the current vendors. Additionally, the DMAS Medical Support Division will continue to handle prior authorization for the following procedures: organ transplants, gastric bypass, cosmetic procedures, and prostheses (excluding orthotics).

Specific information regarding all other psychiatric services, including, psychiatric residential treatment (Level C) and treatment foster care case management will be covered in a separate memo. Information regarding Outpatient Psychiatric services was covered in the April 26, 2006 Medicaid Memo. All Memos are posted on and are downloadable from the DMAS website.

## **KePRO IS THE NEW DMAS PA CONTRACTOR**

As indicated in the March, 20, 2006 Medicaid Memorandum, DMAS has contracted with KePRO, an innovative healthcare management solution company, to conduct PA for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for-service programs. KePRO was awarded the PA contract through the competitive bidding process based upon their ability to implement interactive web-based technology (iExchange) and to move the PA submission process from a primarily fax and paper-based process to a speedier, provider-friendly paperless process that the Department believes will reduce providers' administrative

burden. KePRO will also maintain a process for providers who prefer to use a traditional paper based system, *i.e.* fax, mail, or telephone. As a result of the new contract, DMAS will be implementing changes to its PA procedures.

### **TRANSITION CHANGES / CLARIFICATIONS**

The following provides important information regarding changes that will take place with the transition of prior authorization to KePRO:

- 1) KePRO will accept requests for prior authorization via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method of submission for requesting PA is through iExchange. To submit requests via iExchange, log on to [DMAS.KePRO.org](http://DMAS.KePRO.org) and register for a provider web account. You must have a provider's web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number. Passwords will be issued weekly. If you choose to phone or fax your request to KePRO, your response will come back in the form of a fax. Instructions regarding how to customize the providers web account to include drop down boxes specific to a provider's practice and services are available at: <http://dmas.kepro.org/documents/iexchange/3%20iEXCHANGE%20Admin%20Training.pdf>
- 2) In relation to inpatient reviews, concurrent review requirements are not changing from the current review process. Acute Med/Surg, which are paid on a DRG basis, will not require concurrent review. Inpatient psychiatric, inpatient rehabilitation, and comprehensive outpatient rehab facility (CORF) stays which are based on a per-diem payment methodology will continue to require concurrent review.
- 3) In terms of submission timeframes for acute inpatient admissions, providers will continue to have 24 hours (*i.e.*, next business day) in which to obtain a prior authorization for all admissions. This includes planned admissions. Additionally, as with the current process under WVMi, providers may submit retro-authorizations to KePRO when notified of a patient's retroactive eligibility for Virginia Medicaid coverage. *DMAS will relax the requirement of timely submission for those requests received at KePRO through July 31, 2006. Starting August 1, 2006, timely submission for requests will again be applied and determinations will be made based on timeliness.*
- 4) Turn-around times are changing. The majority of providers will see decreased processing times. For inpatient hospitalizations, there will be a longer turn-around time compared to those who waited on the phone with WVMi for a PA number. This is because the clinical review will occur at KePRO and the eligibility edits will be applied through an overnight batch process. Providers are encouraged to verify eligibility and enrollment prior to submission to KePRO. This is because over 50% of recipients are enrolled in a DMAS Managed Care Organization. KePRO is handling the prior authorization only for the DMAS fee-for-service population. If the case meets clinical criteria, the case is pended within a few hours of receipt with a status of "meets clinical criteria awaiting final DMAS edits." Ninety percent of the cases will be approved if they meet criteria. As a result, hospital PA staff can look at the website the next day to obtain the PA number.
- 5) Medicaid Memos regarding prior authorization are posted on [www.dmas.virginia.gov](http://www.dmas.virginia.gov) under "what's new" and under "prior authorization." Additionally, frequently asked questions

(FAQs) are posted to the DMAS and KePRO websites with responses. Please take a minute to review these to help you better understand some of the issues surrounding this transition and continue to check back, as these are updated regularly.

### **CHANGES RELATED TO PRIOR AUTHORIZATION PROCESS**

WVMI will continue to process prior authorization requests for all inpatient psychiatric treatment stays with a date of receipt up to and including, June 11, 2006. Effective on and after Monday, June 12, 2006, KePRO will accept PA requests for these services. Additionally, KePRO will use InterQual criteria, a McKesson Health Solutions, LLC, product when making medical necessity determinations at the non-physician review level. Supplemental criteria will be used where InterQual does not specifically meet DMAS' coverage criteria. Refer to the new Preauthorization Appendix C of the Psychiatric Services Provider Manual for specific information regarding prior authorization submission procedures. To better serve you, KePRO will be operating with expanded hours of operation, from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays).

Additional pre-recorded trainings will be available in June. Keep checking the website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) - look at the What's New section under Prior Authorization or check at <http://dmas.kepro.org>.

### **KePRO CONTACT INFORMATION**

KePRO will accept requests for PA via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method for requesting PA for Outpatient Psychiatric Services is through iExchange.

To submit requests via iExchange, log on to [DMAS.KePRO.org](http://DMAS.KePRO.org) and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number.

To submit requests via phone, fax, or mail you may submit your requests to:

KePRO

**Toll Free Phone:** 1-888-VAPAUTH (1-888-827-2884)

**Fax:** 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

### **PA REQUEST FORM**

Attached to this memorandum are the Inpatient and Outpatient Prior Authorization Request forms for paper and fax PA submissions. These forms and accompanying instructions identify critical information to process all types of PA requests (i.e., whether received by web, fax, phone, or paper).

## **CHANGES TO THE PSYCHIATRIC SERVICES MANUAL**

The attached table shows the changes to the manual. Please download and insert the new pages in your manual and retain the attached table. Please review these changes carefully. These changes provide for the following:

### **Chapter II:**

- Clarification of provider qualifications for psychiatric services and the need for dated signatures for psychotherapy documentation.
- Clarification on the attestation requirements for psychiatric residential treatment providers.
- Clarification of the provider enrollment process for out-of-state psychiatric service providers.
- Clarification of the reporting requirement for serious incidents for children in Residential Treatment (Level C).

### **Chapter IV:**

- Information regarding prior authorization requirements that have been removed from Chapter IV; in addition, a new Appendix C that has been added to this Manual to address prior authorization services, limits, and the new PA vendor, including EPSDT.
- For inpatient acute psychiatric hospital and residential treatment, clarification for the need for a co-occurring mental illness for alcohol or drug abuse treatment, and clarification of the provider qualifications for required psychotherapy.
- Information that describes the change in the type and frequency of therapeutic interventions requirements for inpatient acute psychiatric hospitals.
- Clarification of the active treatment plan requirements and non-reimbursable services for residential treatment.
- Clarification regarding the place of services and documentation requirements for outpatient psychiatric services.

### **Chapter V:**

- Clarification of the billing requirements for residential treatment and provider qualifications for billing of professional psychiatric services.

### **Chapter VI:**

- Clarification of the notification process for inpatient and residential psychiatric utilization review audits.
- Clarification of the utilization review and appeal process for treatment foster care case management services.

- Clarification on the on-site review process, documentation requirements and appeals process for outpatient psychiatric services audits.
- Clarification on the need for dated signatures for all medical documentation.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **UTILIZATION REVIEW AND CONTROL**

Under the provisions of federal regulations, the Medical Assistance Program must provide for continuing review and evaluation of the care and services paid through Medicaid, including review of utilization of the services by providers and by recipients. Revisions to the prior authorization submission process do not relieve participating providers from program integrity standards as described in Chapters IV and VI of the Psychiatric Services Provider Manual.

### **“HELPLINE”**

KePRO can be reached at 1-888-VAPAUTH (1-888-827-2884) to answer your questions regarding prior authorizations. Submit requests or questions via phone, fax, or mail to:

KePRO  
Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305  
Richmond, VA 23294

Web via iEXCHANGE: <http://dmas.kepro.org>

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a

manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

# ***PSYCHIATRIC SERVICES MANUAL***

## **REVISION CHART**

***May 26, 2006***

### **SUMMARY OF REVISIONS**

<b>MANUAL SECTION</b>	<b>MATERIAL REVISED</b>	<b>NEW PAGE NUMBER(S)</b>	<b>REVISED PAGE(S)</b>	<b>REVISION DATE</b>
Chapter 2	Chapter 2		Chapter 2	05/22/2006
Chapter 4	Chapter 4		Chapter 4	05/22/2006
Chapter 5	Chapter 5		Chapter 5	05/22/2006
Chapter 6	Chapter 6		Chapter 6	05/22/2006
New Prior Authorization Information Appendix C	New Appendix C		New Prior Authorization Information Appendix C	05/22/2006
Table of Contents	Table of Contents		Table of Contents	05/22/2006

### ***FILING INSTRUCTIONS***

<b>MANUAL SECTION</b>	<b>DISCARD</b>	<b>INSERT</b>	<b>OTHER INSTRUCTIONS</b>
Chapter 2	Old Chapter 2	New Chapter 2	
Chapter 4	Old Chapter 4	New Chapter 4	
Chapter 5	Old Chapter 5	New Chapter 5	
Chapter 6	Old Chapter 6	New Chapter 6	
New Prior Authorization Information Appendix C	N/A	New Prior Authorization Information Appendix C	
Table of Contents	Old Table of Contents	New Table of Contents	

# Inpatient Prior Authorization Request Form

## DMAS/KePRO

**Submit fax request for prior authorization to: 1-877–OKBYFAX (877-652-9329).**  
**Requests may be submitted up to 30 days prior to scheduled procedures/services, provided the Enrollee is eligible.**

Recert: Enter previous PA#. Change or Cancel:  
 enter PA# to be changed or canceled.  
 PA # \_\_\_\_\_

1. <input type="checkbox"/> Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Change <input type="checkbox"/> Cancel				
2. Date of request: (mm/dd/yyyy) ____/____/____		3. Review Type: (Please check one if applicable) <input type="checkbox"/> Retrospective Prepayment Review (Date notified of eligibility ____/____/____) <input type="checkbox"/> Retroactive MCO disenrollment		
4. Enrollee Medicaid ID Number (12 Digit number): _____		5. Enrollee Last Name: _____		6. Enrollee First Name: _____
7. Date of Birth: (mm/dd/yyyy) ____/____/____		8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Submitting Provider Name and Medicaid ID Number/NPI: _____
10. Facility Name and Medicaid ID Number/NPI: _____		11. Treatment Setting: <input type="checkbox"/> Inpatient <input type="checkbox"/> CORF		12. Surgical Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No
		13. Admission Date: (mm/dd/yyyy) ____/____/____		14. Admission Status: <input type="checkbox"/> Urgent <input type="checkbox"/> Elective
15. Primary Diagnosis Code/Description: (enter up to 5) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____				
16. Number of Days Requested: _____		17. Attending Physician Medicaid ID Number/NPI: _____		18. PA Service Type: <input type="checkbox"/> 0093 EPSDT Inpatient (Free standing) Psych <input type="checkbox"/> 0200 Intensive Rehabilitation <input type="checkbox"/> 0201 CORF <input type="checkbox"/> 0400 Inpatient Admission <input type="checkbox"/> 0401 Inpatient Psychiatric
19. Procedure Code/Description: _____			20. Procedure Scheduled Date: (mm/dd/yyyy) ____/____/____	
21. Severity of Illness (Clinical indicators of illness including abnormal findings): _____ _____ _____				
22. Intensity of Services (Proposed/Actual monitoring and therapeutic services): _____ _____ _____				
23. Additional Comments (See Instructions): _____ _____ _____				

24. Contact Name: \_\_\_\_\_

25. Contact Telephone Number: \_\_\_\_\_

26. Contact Fax Number: \_\_\_\_\_



# Inpatient Prior Authorization Request Form

DMAS/KePRO

## **Additional Information**

21. Severity of Illness:

22. Intensity of Services:

23. Additional Comments (See Instructions):

# Inpatient Prior Authorization Request Form

## DMAS/KePRO

### INSTRUCTIONS FOR ELECTRONIC FAX FORM

This FAX submission form is required for inpatient Prior Authorization Review, Admission, Concurrent Review and Retrospective Review. When submitting the fax, please be certain that the cover sheet has a confidentiality notice included.

Please be certain that all information blocks contain the requested information. Incomplete forms may result in the case being denied or returned via FAX for additional information. Only information provided on **KePRO** forms can be entered. Do **not** send attachments or non-**KePRO** forms.

If KePRO determines that your request meets appropriate coverage criteria guidelines the request will be “tentatively approved” and transmitted to the DMAS Fiscal Agent for the final approval. Final approval is contingent upon passing remaining enrollee and provider eligibility/enrollment edits. The prior authorization (PA) number provided by the DMAS Fiscal Agent will be sent to you through the normal letter notification process and will be available to providers registered on the web-based program iEXCHANGE (<http://dmas.kepro.org>) within 24 hours (or the next business day) if reviewed, approved, and transmitted to DMAS’ Fiscal Agent prior to 5:30 PM of that day.

1. **Request type:** Place a ☒ or **X** in the appropriate box.
  - **Initial:** Use for all new requests. Resubmitting a request after receiving a reject would be an initial request also.
  - **Recertification:** A request for continued services (items) beyond the expiration of the previous preauthorization would be a recertification request.
  - **Change:** a change to a previously approved request; the provider may change the notes fields. The provider may not submit a “change” request for any item that has been denied or is pending.
  - **Cancel:** Use to cancel all or some of the items under one preauthorization number. An example of canceling all lines is when an authorization is requested under the wrong enrollee number.
2. **Date of Request:** The date you are submitted the prior authorization request.
3. **Review Type:** Place a ☒ or **X** in the appropriate box. Please refer to the Retrospective review policy and procedure for each service detailed information regarding the submission of a Retrospective Review request. If retrospective eligibility, enter the date that the provider was notified of retrospective eligibility.
4. **Enrollee Medicaid ID Number:** It is the provider’s responsibility to ensure the enrollee’s Medicaid number is valid. This should contain 12 numbers.
5. **Enrollee Last Name:** Enter the enrollee’s last name exactly as it appears on the Medicaid card.
6. **Enrollee First Name:** Enter the enrollee’s first name exactly as it appears on the Medicaid card.
7. **Date of Birth:** Date of birth is critically important and should be in the format of mm/dd/yyyy (for example, 02/25/2004).

# Inpatient Prior Authorization Request Form

## DMAS/KePRO

8. **Sex:** Please place a ☐ or **X** to indicate the sex of the patient.
9. **Submitting Provider Name and Medicaid ID Number/NPI:** Enter the requesting physician's name and Medicaid ID number or national provider identifier.
10. **Facility Name and Medicaid ID Number/NPI:** Enter the name and Medicaid Identification number or national provider identifier of the hospital where the physician is requesting that the patient be admitted.
11. **Treatment Setting:** Place a ☐ or **X** to indicate the place of service.
12. **Surgical Admission:** Indicate if this admission is surgical by placing a ☐ or **X** for yes or no in the appropriate box.
13. **Admission Date:** Indicate the planned admission date using the mm/dd/yyyy format.
14. **Admission Status:** Place a ☐ or **X** for Urgent/Elective admission. This refers to the clinical status of the patient that is being admitted.
15. **Primary Diagnosis Code/Description:** Provide the **primary diagnosis code and description** indicating the reason for admission. You can enter up to 5 admission descriptions and ICD-9 codes.
16. **Number of days requested:** Based on your judgment provide the number of days requested for this admission diagnosis. Knowledge of InterQual/DMAS criteria will be extremely helpful.
17. **Attending Physician Medicaid ID Number/NPI:** Provide the Attending Physician's Medicaid ID number or national provider identifier.
18. **PA Service Type:** Place a ☐ or **X** to indicate if this is a EPSDT Inpatient Psych, Intensive Rehabilitation, CORF, Inpatient Admission, or Inpatient Psychiatric admission.

<i>Med\Surg</i>	Claim must reflect a med\surg primary diagnosis code for this authorization to be valid and reimbursement to be made.
<i>Psychiatric</i>	Claim must reflect a primary diagnosis code within the ICD 9 cm range of 290 thru 319 for this authorization to be valid and reimbursement to be made.

19. **Procedure Code/Description:** Provide the ICD-9 procedure code and description to indicate the reason for the patient's admission. Be sure that the procedure code is **an ICD-9 code**.
20. **Procedure Scheduled Date:** If the procedure is scheduled on a different day from the planned admission date, indicate the date of the procedure (mm/dd/yyyy).
21. **Severity of Illness (Clinical indicators of illness including abnormal findings)\*:** **One of the most important blocks on the form is the Severity of Illness. Knowledge of the InterQual/DMAS criteria will be helpful to provide pertinent information. Provide the clinical information of chief complaint, history of present illness, pertinent past medical history and previous treatment to substantiate the need for hospitalization and level of service for the requested admission/procedure. This field must include pertinent abnormalities in laboratory values, X- rays, and other diagnostic modalities. Include supportive diagnostic outpatient procedures and abnormal finding on physical examination. This information also assists the reviewers in further assessing the patient's condition. (Always include dates, types & results**

# Inpatient Prior Authorization Request Form

## DMAS/KePRO

[with dimensions/% as appropriate]). Include TDO (Temporary Detention Order) date if applicable.

22. **Intensity of Services (Proposed/Actual monitoring and therapeutic services)\*:** This is another critical area of the form. Knowledge of the InterQual/DMAS criteria will be helpful to provide pertinent information. This field must include the treatment plan for the patient while in the facility. List the services, procedures, or treatments that will be provided to the patient while in the facility.
23. **Additional Comments:** This area should be used for further information and other considerations and circumstances to justify your request for medical necessity or the length of stay. For example, if a patient has been treated several times as an outpatient and failed therapy or has not followed through on treatment, then information of this sort should be placed here. For psychiatric cases, list the DSM-IV if available. For recipients admitted to freestanding facilities, CSB information is required. CSB information includes the screeners name, the date of the screening, the locality and the screeners title.
24. **Contact Name:** Enter the name of the person to contact if there are any questions regarding this fax form.
25. **Contact Phone Number:** Enter the phone number with area code of the contact name.
26. **Contact Fax Number:** Enter the fax number with the area code to respond if there is a denial/reject.

***\*Note: Incomplete data may result in the request being denied; therefore, it is very important that this field be completed as thoroughly as possible with the pertinent medical/clinical information.***

***The purpose of preauthorization is to validate that the service being requested is medically necessary and meets DMAS criteria for reimbursement.***

***Preauthorization does not automatically guarantee payment for the service; payment is contingent upon passing all edits contained within the claims payment process; the enrollee's continued Medicaid eligibility; and the ongoing medical necessity for the service being provided.***